	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) WELLINGTON CHAMBER PAC, INC.	OFFICE USE ONLY				
(2) 12230 FOREST HILL BLID STIE II Address (number and street) WELLINGTON, FL. 33414	12-18-13P03:50 RCVD				
City, State, Zip Code					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED				
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
Cover Period: From 10 / 01 / 13 To	IDENTIFIERS /0 / 3/ / 3 Report Type Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$ 100.50	Monetary Expenditures \$				
Loans \$	Transfers to Office Account \$				
Total Monetary \$	Total Monetary \$				
In-Kind \$					
	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$ よりり、か	(10) TOTAL Monetary Expenditures To Date \$ 13, 450.72				
(11) CERT	IFICATION				
It is a first degree misdemeanor for any pers					
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.				
Type name) ALEXAULER L. DUMB Individual (only for election ering computer.) X 3.	(Type name) Candidate Chairperson (any for PC, PTY & election erring commun. organization)				
Signature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WELLINGTON CHAMBER PAC, TWC. (2) I.D. Number

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				,	, ,	(,
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	ı	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
0,1,13	VICTOR T. CONNOR 5928 HOHELAND RD WELLINGTIN FL 33449	I	5 TOCK BROKEN	CH ECK			100.0
01	WELLINGTIN FL 334 49						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name WELLINGTON CHAM 3 GLOGO, TINC. (2) I.D. Number (3) Cover Period 10 101 13 through 10 181 113 (4) Page _____ of ____ (7) (8) (9) (10) (11) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment **Amount** Number